Patient-Centered Medical Home Advisory Council
Meeting Minutes
August 1, 2012
Office of the Commissioner of Securities and Insurance (CSI) Conference Room, Helena, and by phone

Members present

Paula Block, Montana Primary Care Association
Dr. Doug Carr, Billings Clinic
Dr. Paul Cook, Rocky Mountain Health Network
Dr. Janice Gomersall, Montana Academy of Family Physicians
Dr. Jonathan Griffin, St. Peter's Medical Group
Alan Hall, Allegiance Life and Health Company
Bill Pfingsten, Bozeman Deaconess Health Group
Dr. Tom Roberts, Western Montana Clinic
Claudia Stephens, Montana Migrant and Seasonal Farm Worker Council
Lisa Wilson, Parents, Let's Unite for Kids-PLUK
Carol Kelley, Bozeman Deaconess Internal Medicine Associates
Dr. Fred Olson, BCBS MT
Dr. Rob Stenger, Grant Creek Family Practice, St. Patrick's Hospital
Cindy Stergar, CHC-Butte Silver Bow Primary Care Clinic
Dr. Deborah Agnew, Billings Clinic
Bernadette Roy, CHC-Partnership Health Center
John Hoffland, DPHHS Medicaid, Passport to Health
Rick Yearry, REC
Dr. Jay Larson, Independent Provider

Members absent

JP Pujol, New West Health Services
Kirsten Mailloux, EBMS
Bob Olson, MHA
Kristin Juliar, Montana Office of Rural Health

Interested parties present

Dr. Tom Ewing, Pacific Source
Jean Branscum, MMA
Craig Hepp, Billings Clinic
Kris Franqui, Pfizer

CSI staff present

Blair Lund – Minutes Recorder
Christa McClure
Amanda Roccabruna Eby

Welcome, Agenda Review, Approval of Minutes –
Dr. Carr opened the meeting and welcomed everyone. Amanda Eby requested a roll call of everyone in attendance by conference call. Dr. Carr asked if there were any additions to the agenda or any concerns about the minutes. None were heard, so the minutes were considered approved.

Legislation – at the subcommittee meeting the discussion led to a realization that a fact sheet was needed. It will be tailored to each specific constituency. It has been vetted by the group and by the agency.

Council discussion – In regard to the second paragraph of the fact sheet where the word "physician" is used; nurse practitioners or physician assistants sometimes lead care, especially in rural areas. A council member asked if "physician" could be changed to "provider." Another member supported this option. Since the medical home definition the group adopted uses the word "provider," and NCQA allows NPs and PAs to lead medical home teams, the council agreed this was an appropriate change. Council members commented that it's a good concise hand-out. Amanda mentioned that bullet points geared towards patients, providers, and insurers can be put on the back. A council member stated that they use it to help train staff, and another presented it to the legislative committee of the MMA. That MMA committee voted to bring it forward to their Executive Committee so the association can officially support the PCMH legislation. The MAFP voted to support PCMH with the MMA as well.

There was also a discussion with MHA about the legislation. Their board will be working on their legislative agenda in the near future. Their legislative agenda won't be set until November. A letter from the council to formally request their response to the PCMH bill draft is being drafted, to get to them before their board retreat on August 9th. The PCMH Advisory Council needs to make the case to MHA for the need for legislation. They would like to know who is going to sponsor the bill. MHA is on board with the concept of PCMH. There is the awareness that hospitals may be concerned about losing revenue if the PCMH program is successful since one of the goals of the PCMH model is to lower ER visits and repeat hospitalizations. That does not necessarily mean MHA won't get behind it because past initiatives with that same goal still had their support. Lower hospital revenue will not necessarily be the case however, if more people have insurance and there is better utilization.

Commissioner Lindeen reports her legislative agenda to the Legislative Economic Affairs Interim Committee on September 11th. It was stated by a council member that a Senator or Representative could carry the bill – and they may need to wait until November to see who is re-elected.

The CSI would like to get more feedback on who the council is talking to and what they are hearing about the bill draft. Amanda created a draft of questions that members can use and then send the responses to Amanda. She will send it out later this afternoon.

No patient groups have been specifically approached about the PCMH legislation yet. There are several consumer groups that CSI already works with and will reach out to in the near future. Dr. Tom Ewing mentioned the Institute for Patient and Family Centered Care could help with patient messaging. PLUK is on board with helping to reach out, and has a lot of good relationships with like-minded groups. The American Academy of Pediatrics will be approached at their meeting in October.
The Chamber, Small Business Alliance, MAHCP, and other employer groups will be getting the information from CSI as well.

A council member thought it would be good if PCMHs are perceived as less government, and that might be a consideration for who carries the legislation. Endorsement from the Chamber would go a long way to helping that perception.

Education –
Dr. Agnew asked the group if the subcommittee should continue to aim education at physician groups, or expand to consumers. PLUK's representative stated that parents may want to add their support. The doctor's office may not want that type of info in their lobby, however, if they aren't already a PCMH. The specialty clinic in Missoula, specifically mentioned by Lisa Wilson, is state supported and Lisa could see to it that they have information on the Montana PCMH Initiative.

Patients will have to take ownership of the PCMH concept, if we want this legislation to pass. Grass roots support through outreach to their own organizations will be vital (i.e. newsletters).
We need to really look at where the public goes to get information. Re-purposing the Education Subcommittee might be good next step in this direction.

Some practitioners feel moving to a PCMH is a heavy burden and a daunting task, but there is also hope that it will return primary care to where it should be. There is a sense that if it works, then it will be a great thing. Many are starting to understand what PCMHs are for the 1st time. Patient stories will help people understand it and want to make the transformation.

Quality Metrics -
The group discussed re-focusing the subcommittee to "practice transformation," to assist practices with getting through the process. Christa suggested that NCQA would help, council members concurred that they had been very helpful in some practices' transformation here in Montana. Others stated that maybe the committee could develop a pool of people willing to help.

In order to draw distinction between the three subcommittees, the council decided that the Education Subcommittee would continue to work on outreach to patients and physicians, teaching them about the PCMH concept and assist practices with transformation, the Legislative Subcommittee would coordinate lobbying efforts for the PCMH bill draft, and the Quality Metrics Subcommittee would continue coordination with HealthShare Montana on metrics.

HeatlhShare Montana Update – The reporting capability is there, they are going through the whole process in fine detail to make sure everything is coming together correctly. They are working to make sure that the groups are defined to get their own information. There is the hope that the advisory council can be a strong guiding voice for practice transformation, tying together efforts that are already under way, and being a central communications hub.

NASHP IMPaCT Learning Community Update -
Paula Block of the NASHP state team gave an update on the last three calls the team had with the IMPaCT Learning Community technical assistance grant. They had one call with an emphasis on state agencies: Idaho was highlighted, where Legislators were invited to PCMH practices.

Maryland – they had a challenge linking with hospitals, they are working with a wide range of grass roots groups as well.

North Carolina – has the experience that things won't happen overnight. They have a care management program set up in networks created by a AHEC/Medicaid partnership.

Other Comments:
The effect that PCMH may have on the primary care workforce received a lot of attention at the last Economic Affairs Committee meeting. Some issues mentioned by Kris Juliar – Supply and demand, role and definition of care core staff, use of other staff, current staff already being used, national staffing issues – training and education programs. She appreciates the feedback from the whole council as she prepares a follow-up white paper on workforce issues related to PCMH that she will present to the MT Healthcare Workforce Advisory Committee. She wants to create the paper through the PCMH Advisory Council.

Work Plan -
It is out on website and will be revised as time goes on. The council may give comments to Amanda.

Next Meeting -
Tentatively scheduled for September 5th, it will not be held unless there is something to discuss. Amanda suggested waiting until October for the next meeting, which will be after the Commissioner has announced her legislative package.